

		-Year Airport Capi should be used to submit a	_				
AIRPORT NAME			SUBMITTED BY				
SPONSOR NAME			TITLE				
ADDRESS			DATE				
CITY, STATE,ZIP			PHONE NUMBER				
I hereby certify that the airport is free and clear of hazards to navigable airspace in accordance with FAR Part 77 and/or VAR, Section 24-VAC 5-20-140:							
	SIGNATURE						
PROJECT DESCRIPTION	TOTAL COST	FEDERAL FUNDS	STATE FUNDS	LOCAL FUNDS	REMARKS		
YEAR 1 (CURRENT YEAR)							
	\$ -						
YEAR 1 - GRAND TOTAL	s -	\$ -	\$ -	\$ -			

YEAR 2					
	\$ -				
	\$ -				
	\$ -				
	· ·				
	\$ -				
YEAR 2 - GRAND TOTAL		\$ -	\$ -	\$ -	
YEAR 3					
	\$ -				
	\$ -				
	\$ -				
	· ·				
	\$ -				
YEAR 3 - GRAND TOTAL		\$ -	\$ -	\$ -	

YEAR 4					
	\$ -				
	\$ -				
	\$ -				
	\$ -				
YEAR 4 - GRAND TOTAL	\$ -	\$ -	\$ -	\$ -	
YEAR 5					
	\$ -				
	\$ -				
	\$ -				
	\$ -				
YEAR 5 - GRAND TOTAL	\$ -	\$ -	\$ -	\$ -	

YEAR 6					
	\$ -				
	\$ -				
	\$ -				
YEAR 6 - GRAND TOTAL	\$ -	\$ -	\$ -	\$ -	

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